

# Form CDF M 102. Compaign Ringage Depart

Municipal Form Office of Campaign and Political Finance FITCHBURG CITY CLERK:    20 1 9CT 31 P 4: 05			
miningsmalls Manuschmidte	2011 DCT CLERK		
le with: ity or Town Clerk or Election Commission Please print or type all information	n, except signatures. $\mu_{i,05}$		
Fill in dates:  Reporting Period Beginning 09 /0 2011	Ending 10 21 2011		
Type of report: (Check one)  ☐8th day preceding preliminary ☑8th day preceding election ☐:	30 day after election		
Michael Difietro			
Councilor at Large	Committee Name		
34 Spraque Street	Name of Committee Treasurer		
Residential Address Fitch burg MA	Committee Mailing Address		
Tel. No. (optional)	Tel, No. (optional)		
SUMMARY BALANCE IN Line 1: Ending balance from previous 1 Line 2: Total receipts this period (page 2, Line 3: Subtotal (line 1 plus line 2)	VFORMATION: report \$ 92.27		

SUMMARY BALANCE INFORMATIO	
Line 1: Ending balance from previous report	s 92.27
Line 2: Total receipts this period (page 2, line 11)	\$ 1351.44
Line 3: Subtotal (line 1 plus line 2)	\$ 1443.71
Line 4: Total expenditures this period (page 3, line 14)	\$1443.71
Line 5: Ending balance (line 3 minus line 4)	\$ 6.00
Line 6: Total in-kind contributions this period (page 4)	\$ 00.00
Line 7: Total (all) outstanding liabilities (page 4)	\$ 1851.44
Line 8: Name of bank(s) used	

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink) Date

FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee	
I certify that I have examined this report including attached schedules and it is, to the	best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this commit	tice in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during	this reporting period.
Candidate without Committee OR Candidate with independent activity filing	E separate report
I certify that I have examined this report including attached schedules and it is, to the	s best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements	s, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this	s committee in accordance with the requirements of M.G.L. c. 33.
Signed under the penalties of	
Mulul Di Retas Candidate signature (in ink)	10-30-2011 Date
Candidate signature (in ink)	Date

# SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

mother on each page.

Date Name and Residential Address Received (alphabetical listing required)		Amount		(for contributions of \$200 or mou	
9/20	Michael DiPietro 34 Spraque St. Fitchhorg (Loon)	1351	44	Quality Mgr Leahtite Corp Leoninster, MA	
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	-				
			_	-	
	-				
Line 9:	Total receipts in excess of \$50 (or listed above)	1351	44		
	Total receipts \$50 and under* (not listed above)	80	00		
	TOTAL RECEIPTS IN THE PERIOD	1351	44	Enter on page 1, line 2	

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

## **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	th page.  To Whom Paid  (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/21/11	Graphix Copy Center	15 Fitchburg Rol Ayer, MA	postcards	403	75
9/23/11	Sentinel & Enterprise	BOPMain St. Fitchburg MA	advertizement	84	00
9/21/11	U.S. Postal Service	Main St. MA Fitchery MA Main St	Stomps	569	8)
10/17/11	U.S. Postul Service	Main Street Fitchburg MA	Stomps	290	0.0
<u> </u>					
			Expenditures over \$50	1347	6
	Enter on page 1, line 4		Expenditures \$50 and under 4: TOTAL EXPENDITURES	<del></del>	1/1

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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y				1
•				
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	L.,	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	0.00

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
7/1	Michael DiPietro	Sysprogue St Fitibling, MA	Campagn Supplies	500.00
9/25	Michael DiPietro	Sysprogue St Friehburg, MA 34 Sprogue St Friehburg, MA	Campaign supplies Pootose, advertising	1351.44
			•	
· · · · · · · · · · · · · · · · · · ·	Enter on page 1, line 7	Line 18: OUTSTANDIN	G LIABILITIES (ALL)	1851.44

This page may be copied if additiona	al pages are required to report all activity. Please	include your committee name and a page
Time have many on achieve as account.		Page 4
		FARC 4